

POLICY FOR HANDLING CONTACTS THAT INVOLVE AN EMERGENCY/CRISIS SITUATION		
Policy #: ADRC 2.1.3	Date of Approval: 04/07	Date Policy is Effective: 10/03
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Reference: See the Resource Center Call Map		Approved By: Linda Symons
Cross Reference:		

Purpose

The purpose of this policy is to help assure that Aging & Disability Resource Center (ADRC) Information & Assistance (I&A) staff understand how to identify and respond to contacts that involve an emergency or crisis situation.

Policy

ADRC I&A Specialists will assess each contact to determine if it involves a crisis or emergency, and when an immediate medical or mental health risk is identified, take action to connect the consumer with appropriate crisis or emergency services.

Procedure

HOW TO DO A “WARM TRANSFER:”

- 1) Tell the caller to stay on the line. Tell caller it will take a minute or two, and that he/she will hear some clicking and then silence while the call is being transferred
- 2) Press the “Flash” button.
- 3) Press the appropriate speed dial button. (Note: Most of the parties you will need to connect to for emergency/crisis have a designated speed dial button on your phone.)
- 4) For parties not on speed dial, press 9 + the number
- 5) When the party answers, explain the situation. If you are transferring to a medical or mental health professional or to 911, quickly brief the on-call person with the information you have gathered so that a thorough assessment and appropriate intervention can be pursued.
- 6) Press “Flash” and you will be in a 3-way conference. Stay on the line as long as you are needed.
- 7) If there is no answer or the line is busy when you try to do the “warm transfer,” press the “Flash” button 2 times (pause briefly after first press) to get back to the caller.

HOW TO ASSESS FOR A MEDICAL EMERGENCY

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Questions to ask:

If you receive a contact from someone who seems to be in physical distress, or tells you he/she is in physical distress, do not try to offer medical advice. Instead, use the following set of questions to gather vital information, quickly assess the situation and, if needed, connect the caller to appropriate assistance:

What is your name?

What address are you at?

What telephone number are you at?

What is your birth date?

What is your main problem or complaint? (i.e., shortness of breath, diarrhea, indigestion, abdominal pain, profuse perspiration, respiratory, problems, chest pains, etc.)

Action to take: If caller states he/she is having chest pains, a heart attack or stroke, or there is some other obvious, serious medical situation (i.e., caller is choking, caller passes out while you are talking to him/her) take immediate action by using a "warm transfer," to connect the caller with 911. If situation is not obvious, continue to assess:

How long has this been going on?

Has this happened in the past?

If yes,

a.) Does your doctor know about this problem?

Who is your doctor?

b.) What has helped resolve this problem in the past?

What have you done now to alleviate the problem?

Have you called your doctor or your doctor's nurse? Do you want me to help you call the doctor?

Action to take: If caller states he/she would like help getting in touch with the doctor, use a "warm transfer" to connect the caller with his/her doctor.

Common Signs of Heart Attack:

- ☐ Uncomfortable pressure, squeezing stabbing pain in center of chest.
- ☐ Pain radiating to arms, neck, shoulder
- ☐ Profuse sweating, weakness, nausea, faintness, shortness of breath
- ☐ Pain not relieved by nitroglycerin.

Common Signs of Stroke:

- ☐ Sudden weakness/numbness in the face, arm, or leg - especially if on one side only.
- ☐ Sudden confusion, difficulty speaking or understanding
- ☐ Sudden loss of coordination or balance
- ☐ Sudden severe headache with no known cause
- ☐ Sudden visual changes in one or both eyes.

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Is there someone you want me to call to come over and check on you (i.e., neighbor, family member, emergency contact)?

Action to take: If caller provides name and number of a contact, use a “warm transfer” to try to reach the contact. If you are able to reach, explain the situation and ask the individual to go and check on the caller. If the contact person agrees to check on the caller, find out how long it will be before he/she can get there. If contact cannot be reached, go back to the caller and talk to him/her about an alternate action plan.

Have you called 911? Do you want me to call 911 and get an ambulance to your house?

Action to take: If caller wants 911 contacted, use a “warm transfer,” to connect the caller.

Other Action to Take:

If the caller indicates that he/she does not want you to contact anyone for assistance, but you are still very concerned about his/her condition and feel he/she may be in imminent danger, contact the appropriate police or sheriff's department, identify yourself as an employee of Health & Human Services, explain the situation and ask them to do a “welfare check.” The officer may request that you accompany him/her.

If, after going through the process above, you decide the caller is not having a medical emergency, make a follow up contact within 1 working day to check on the caller and continue to assist him/her in getting connected to any appropriate resources/services.

HOW TO ASSESS FOR A MENTAL HEALTH EMERGENCY

PERSON IS – EMOTIONALLY DISTRESSED OR CRYING:

If a person calling sounds **emotionally distressed or crying**, try to determine if there is a need for support beyond what you can offer. Use active listening and be supportive. Ask a few questions to determine if there is a need to refer the person to a mental health crisis worker. Be aware of possible signs or symptoms that could affect the person's safety.

Questions to ask:

You seem upset. Can you tell me what's bothering you?

This is what I hear you saying (in your own words state what you understand the caller to be saying). Is that right?

What do you see as options? What have you tried so far?

Action to take:

- Get the person's name, address and phone number at any time during the call it seems appropriate.

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- If the person is able to stop crying or calm down after a period of supportive listening, provide resources related to the caller's stated problem or need, **and** offer information/referral to a mental health counselor and/or other sources of support (i.e., support group, clergy, medical professional, community organization).

Questions to ask:

If the person is unable to stop crying or calm down after a period of supportive listening, offer to connect him/her with a counselor. If the person agrees, use a "warm transfer" to connect the caller with the on-call therapist/clinician at Clinical Services.

It seems like you are still upset. Would it be all right if I connect you with a counselor?

If yes, connect to on-call therapist/clinician using "warm transfer."

If no, ask the caller if you can have a counselor contact him/her. If the caller is unwilling, then give the caller information on how he/she can contact the on-call counselor at Clinical Services.

Other Action to Take:

Make a follow-up contact within 1 working day to check on the individual, and continue to assist him/her in getting connected to any appropriate resources/services.

PERSON IS – CONFUSED/DISORIENTED:

If a person calling sounds **confused or is having difficulty processing or communicating information** (i.e., difficulty stating address, phone number, etc.), or is having other problems with thinking that may pose safety risks, you may need to do further assessment to determine how to appropriately refer the caller.

Action to take:

- Determine if a referral to Adult Protective Services is appropriate.
- Offer referral to a mental health counselor.
- Offer to assist with making the connection.
- If there are immediate or potential safety concerns, use a "warm transfer" to connect the person to **either** the Clinical Services on-call therapist/crisis worker, or to 911 based on level of emergency response you feel is needed.
- Make a follow-up contact within 1 working day to check on the individual, and continue to assist him/her in getting connected to any appropriate resources/services.

Symptoms of Thought

Problems:

- ☐ Attending to other stimuli not observable by others
- ☐ Experiencing hallucinations (visual, auditory, tactile)
- ☐ Disorganized speech
- ☐ Bizarre thoughts or ideas
- ☐ Delusional thought content
- ☐ Paranoid statements

PERSON IS – HOPELESS/SUICIDAL:

If a person calling expresses **feeling hopeless** about his/her situation improving or states he/she **wants to die**. In a calm and direct manner, ask questions to assess the person's safety and ability to seek help, so you can determine the appropriate emergency intervention. Do not get caught up in believing that you have to provide solutions to the problems presented. Remember that your concern, attention and involvement are much more important than solutions.

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If you haven't already done so, ask for name/address/phone – If needed, repeat your request for this information.

Questions to ask:

You sound like you feel hopeless. Do you think things can get better for you?

Sometimes when people feel hopeless, they may think about dying. Do you wish you were dead?

Have you had thoughts about hurting yourself?

Have you thought about how you would do it?

Do you have the means (pills, gun, etc.) available to you?

Have you thought about when you would do it?

How likely is it that you will act on your thoughts?

Action to take when suicide is being contemplated:

- Convey the belief that there are alternatives to suicide and your conviction that talking to a counselor would be helpful.
- Reduce imminent danger by asking caller to put weapons or drugs at a distance.
- Name and validate feelings.
- Reinforce caller for asking for help.
- Explore whether there is someone (family member, Friend, neighbor, clergy, etc.) that the caller can contact and talk to, or spend time with, over the next day or so.
- **Immediate referral to either Clinical Services on-call/Crisis worker or 911 using "warm transfer".**

What Not To Do:

- Do not say judgmental things like:
"I don't want to hear you talking like that."
"How could you want to kill yourself?"
"That's a stupid thing to be thinking about."
Such responses will only make the person regret that they told you.
- Do not act shocked at what the person tells you, even though you may feel that way.
- Do not debate whether suicide is right or wrong. Do communicate that you don't want the person to commit suicide.

Action to take when suicide is in Progress:

- If not previously obtained, get address/phone # immediately.
 - Repeat requests for this information.
 - Listen for clues.
 - Trace if necessary/possible.
- Find out what kind of self-harm the person has done/is doing:

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- Drugs:
 - When?
 - What kind?
 - What strength?
 - Usual dose?
 - Mixed with other drugs/alcohol?
- Cuts:
 - Weapon?
 - Where are cuts?
 - How deep?
 - Bleeding? How much?
- Gun:
 - Loaded?
 - What kind?
 - Where is it?
 - Anyone else nearby?
- Keep the person on the phone and conscious if at all possible.
- Try to persuade the person to unload the gun, flush drugs or not take anymore, put razor away etc.
- **Use a “warm transfer” to connect with 911, or keep the individual on the line while you have another staff member contact 911 from another line.**

History: New policy 10/2003. 01/2007 – Updated policy number to reflect integration of Health, Aging & Disability Resource Center and Elderly Services to create the ADRC. 04/2007 – Updated section that explains how to make a “warm transfer” due to new phone system in the ADRC.

Annual Review Dates: 01/2007